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Bib Data Sheet

CONFIRMATION NO. 4010

|                                    |   |                     |                               |   |
|------------------------------------|---|---------------------|-------------------------------|---|
| <b>SERIAL NUMBER</b><br>10/502,464 | <b>FILING OR 371(c)<br/>DATE</b><br>07/26/2004<br><b>RULE</b> | <b>CLASS</b><br>428 | <b>GROUP ART UNIT</b><br>1771 | <b>ATTORNEY<br/>DOCKET NO.</b><br>US 1396/04 (VA) |
|------------------------------------|---|---------------------|-------------------------------|---|

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/US03/06715 03/19/2003  
 which claims benefit of 60/365,812 03/21/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

|  |                                   |                           |                               |                                    |
|--|-----------------------------------|---------------------------|-------------------------------|------------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input type="checkbox"/> no   | <b>STATE OR<br/>COUNTRY</b><br>KY | <b>SHEETS<br/>DRAWING</b> | <b>TOTAL<br/>CLAIMS</b><br>18 | <b>INDEPENDENT<br/>CLAIMS</b><br>3 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                                   |                           |                               |                                    |
| Verified and Acknowledged  | Examiner's Signature              | Initials                  |                               |                                    |

**ADDRESS**

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 5350 Shawnee Road  
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**TITLE**

Method and kit for identifying pseudomonas aeruginosa

|                                       |   |   |
|---------------------------------------|---|---|
| <b>FILING FEE<br/>RECEIVED</b><br>730 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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